

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/508252**

08 MAR 2000

APPLICANT(S)

Hand

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
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TOTAL IND.	2		2			
TOTAL DEP.	8		8			
TOTAL CLAIMS	10		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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